

REC'D MAR 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7653
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 7-1-1
 (b) Township Portage & Perry Primary Registration District No. 5-1-1
 (c) City or Black Walnut Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOUIS A. ACHELPOHL

(a) Residence, No. Black Walnut St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 4 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) St Charles County Mo
(STATE OR COUNTRY)13. NAME L. A.14. BIRTHPLACE (CITY OR TOWN) St Charles Co Mo
(STATE OR COUNTRY)15. MAIDEN NAME L. A.16. BIRTHPLACE (CITY OR TOWN) St Charles Co Mo
(STATE OR COUNTRY)17. INFORMANT Mrs Louis Achelpohl
(ADDRESS) Black Walnut Mo18. BURIAL, CREMATION, OR REMOVAL Sullivan farm
PLACE Black Walnut farm DATE Jan 26th 193919. FUNERAL DIRECTOR (NAME) W. B. Dalmeier & Son
(ADDRESS) St Charles Mo

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-39, 1922. HEREBY CERTIFY, That I attended deceased from Self Inquest, Jan 23 - 1939, 19

I last saw him alive on _____, 19 _____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency -
92 a

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____.
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John Busch(Address) St Charles Co Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7653

Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 756
(b) Township Portage Des Sioux Registration District No. 5997
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Louis A Achelpohl St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Meyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-1872
7. AGE YEARS 66 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo.

FATHER 13. NAME ?

FATHER 14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) ?

MOTHER 15. MAIDEN NAME ?

MOTHER 16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Mrs Louis Achelpohl
Black Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Orchard farm DATE 1-26 1939

19. FUNERAL DIRECTOR (ADDRESS) H-C Dahlmeyer
St Charles Mo.

20. FILED Apr 20 1939 Rosa Barnard
Sub. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest to 1-23 1939

I last saw him alive on _____, 19____. Death is said to have occurred on the date related above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Insufficiency Date of onset 8

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John H. Burns M. D.

(Address) St Charles Mo.

